

NHTSA Standardized Child Passenger Safety Training Course

STUDENT APPLICATION

Name _____ Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

E-Mail _____

☐ I would like to register for the April 7 - 11 , 2003 class (25 to be selected only)

PERSONAL INFORMATION

1. What is your t-shirt size (circle one)? Small Medium Large X-Large XX-Large XXX-Large

2. Do you have any food allergies or require specially prepared meals? ☐Yes ☐No

If yes, please explain:

ASSISTANCE NEEDED

3. If you are selected to attend this training, will you require hotel accommodations? ☐Yes ☐No
(In order to qualify for assistance with this, you must be 70 miles away or more)

If yes, which nights will you need a room?

4. If you are selected to attend this training, will you be able to pay the registration and certification fees?
☐Yes ☐No

5. If no, why? (a small number of grants are available to help agencies pay this fee)

PAST EXPERIENCE AND NEED COMPONENT

6. How much experience have you had in the Child Passenger Safety (CPS) field?

7. What child passenger safety activities does your job entail?

- ☐ Checkpoints/child safety seat inspections
- ☐ Loan/Rental Programs
- ☐ Low-Cost or Give-Away Car Seat Programs
- ☐ Educate, please list the groups you educate:
- ☐ Other, please specify:

8. Why do you feel you should be chosen to attend this CPS Training Course?

9. How long do you plan to stay involved in Child Passenger Safety?

I am willing and able to commit to the requirements and expectations of this CPS Training

Signature _____

APPLICATION DUE FRIDAY
February 21, 2002
Mail or Fax to:
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